

**48 Hours Notice
Required for Refund
minus \$10 admin fee**

ART CLASS REGISTRATION FORM

Please complete the following form, include payment,
and register by **MAIL or DROP OFF** at CR & District Public Art Gallery



Participant(s) Information (same family only)

Name:	Age of Child:	Name of Art Class:	Date/Time of Class:	Amount Paid:
E-Mail address:			Paid by: Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MC <input type="checkbox"/>	
Mailing Address:			Date Paid:	
Postal Code:	Telephone (home)	Work/Cellular		
Parent / Guardian =>	First Name:	Last Name:		
Medical and Emergency Information				
Emergency Contact Name =>	Relationship			
Telephone (home)	Work:	Cellular:		
Doctor's Name/Phone =>				
Special Needs / Allergies, or Other medical information or concerns to be aware of.				

Waiver: In consideration of the Board of Directors of the Campbell River & District Public Art Gallery, its staff and/or volunteers accepting the above registered participant(s) in the art class(es) listed above, I, _____(participant or parent/legal guardian of the child/children) hereby release the Board of Directors of the Campbell River & District Public Art Gallery, its staff and/or volunteers (collectively, the Gallery) of and from all claims I or my legal representative may have against the Gallery, save and except for any and all claims arising out of the negligence of the Gallery. I further covenant and agree to indemnify and hold the Gallery harmless from all claims by a third party which the Gallery may bear arising out of the participation by the participants in the above art class(es).

Would you allow us to publish your/child's/children's photo(s) in Gallery publications and advertising? Yes No
Would you like to be notified by E-mail about future classes? Yes No

Date: _____ Signature: _____